



PATENT

#62
LP

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Douglas J. Hilton

Examiner: Sarada C. Prasad

Serial No.: 09/532,263

Art Unit: 1646

Filed: March 22, 2000

Docket: 10296A

For: A NOVEL HAEMOPOIETIN RECEPTOR

Dated: July 2, 2003

Commissioner for Patents
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

Pursuant to 37 C.F.R. § 1.136(a), an extension of time:


<u>LARGE ENTITY</u>	<u>SMALL ENTITY</u>
of <input type="checkbox"/> one month \$ 110.00	<input type="checkbox"/> one month \$ 55.00
<input type="checkbox"/> two months 410.00	<input type="checkbox"/> two months 205.00
<input type="checkbox"/> three months 930.00	<input type="checkbox"/> three months 465.00
<input type="checkbox"/> four months 1,450.00	<input type="checkbox"/> four months 725.00
<input checked="" type="checkbox"/> five months 1,970.00	<input type="checkbox"/> five months 985.00

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CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 2, 2003.

Dated: July 2, 2003


Peter I. Bernstein

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is hereby requested to ☐ respond to the Official Action mailed: _____;

☐ file a Notice of Appeal in response to a final rejection mailed:

_____;

☐ file an Appeal Brief now due: _____;

☒ other (specify): to file RCE Application (Notice of Appeal was filed December 10, 2002 and 1.116 was filed on April 9, 2003).

The requisite fee pursuant to 37 C.F.R. §1.17 is:

☒ enclosed by check - \$1,970.00

☐ to be charged to Deposit Account No. _____. A duplicate copy of this sheet is attached.

☒ The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 19-1013/SSMP. A duplicate copy of this sheet is attached.

Respectfully submitted,



Peter I. Bernstein
Registration No. 43,497

Scully, Scott, Murphy & Presser
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PIB/ZY:ab